Depend on our people. Count on our advice. SM

REDACTED - FOR PUBLIC INSPECTION

DOCKET FILE COPY ORIGINAL

Received & Inspected

OCI 22 2013

October 22, 2013

FCC Mail Room

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

ATTENTION: WIRELINE COMPETION BUREAU

RE: Form 481 ETC filing pursuant to Sections 54.313 and 54.422 SAC 361430, MN, Melrose Telephone Company Connect America Fund WC Dockets 10-90 and 11-42

Dear Ms. Dortch:

Pursuant to Sections 54.313 and 54.422 of Commission's Rules, Melrose Telephone Company, MN, SAC 361430 is filing its Form 481 High Cost and Low-Income Annual Report.

Melrose Telephone Company seeks confidential treatment under the Protective Order in this proceeding. 1 Pursuant to the Order, one copy of the confidential document and two copies of the redacted version are provided. The Redacted version is also being filed on the Electronic Comment Filing System.

Please address any correspondence regarding this transmittal to the attention of Tom Campbell at the following address, e-mail or telephone number.

Sincerely,

Tom Campbell

Telecommunications Consultant

tcampbell@otcpas.com

651-621-8511 (v)

651-483-2467 (f)

Enclosures

CC: Mr. Charles Tyler, FCC Telecommunications Access Policy Division (two copies confidential)

¹ See Protective Order 27, WC Docket Nos. 10-90 et al, Rec 14231 rel, November 16 ("Order") o, of Copies recid

| 120000000000000000000000000000000000000 | rm 481 - Carrier Annual Reporting ollection Form | 13.93 - 21 13.73 - 13. | FEC Form 481 OMB Control Suly 2813 | t No. 3050-0985/CMS Control No. 3050-0819 |
|--|---|---------------------------|---|---|
| <010> | Study Area Code | 361430 | | |
| <015> | Study Area Name | MELROSE TEL CO | | Received & Inspected |
| <020> | Program Year | 2014 | | |
| <030> | Contact Name: Person USAC should contact with questions about this data | Tom Campbell | | OCT 2 2 2013 |
| <035> | Contact Telephone Number: Number of the person identified in data line <030 | 651-621-8511 | | FCC Mall Room |
| <039> | Contact Email Address: Email of the person identified in data line <030> | tcampbell@otcpas.c | com | |
| ANNUA | AL REPORTING FOR ALL CARRIERS | | | 54.313 54.422 Completion Completion Required Required |
| <100> | Service Quality Improvement Reporting | ř | (complete attached worksheet) | (check box when complete) |
| <200> <210> | Outage Reporting (voice) | no outages to report | (complete attached worksheet) | · · · · · · · · · · · · · · · · · · · |
| <300> <310> <320> <330> | Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband) | 0 | (attach descriptive document) | |
| <400> <410> <420> <430> <440> <450> | Number of Complaints per 1,000 customers (voice Fixed 0.0 Mobile 0.0 Number of Complaints per 1,000 customers (broat Fixed Mobile | | | ✓ ✓ |
| <1000> <1010> <1100> <1110> | Functionality in Emergency Situations 361430mn610 Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Companability | ā | (check to indicate certification) (attached descriptive document) (check to indicate certification) (attached descriptive document) (complete attached worksheet) (complete attached worksheet) (complete attached worksheet) if yes, complete attached worksheet) (check to indicate certification) (attach descriptive document) if not, check to indicate certification) (complete attached worksheet) (complete attached worksheet) | |
| <2000> <2005> <3000> <3005> | Rate of Return Carriers, Proceed to ROR Addition | ice Cap Local Exchange | Carriers (check to Indicate certification) (complete attached worksheet) | |

| FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | 361430 | ea Name | Year 2014 | Contact Name - Person USAC should contact regarding this data | Contact Telephone Number - Number of person identified in data line <030> 651-621-8511 | Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpag.com | Has your company received its ETC certification from the FCC? (yes / no) | s yes, do you have an existing §54.202(a) "5 | If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. | Name of Attached Document (.pdf) 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. | Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service coverage How (USF) was used to improve service coverage How (USF) was used to improve service capacity Frovide an explanation of network improvement targets not met |
|---|-----------------------|-----------------------|--------------------|---|--|--|---|--|---|--|---|
| (100) Service Quality Improvement Reporting Data Collection Form | <010> Study Area Code | <015> Study Area Name | <020> Program Year | <030> Contact Name - Person US | <035> Contact Telephone Numbe | <039> Contact Email Address - Er | <110> Has your company receive | If your answer to Line <110> is <111> year plan" filed with the FCC? | If your answer to Line <11.7 report, on line <11.2 delin 54.202(a) "5 year plan" on voice telephony service. <112> Attach Five-Year Service Q your annual progress reporcETC which only receives f required to address voice i | Please check these boxes t 112, contains a progress re plan pursuant to § 54.202(center level or census bloc | <113> Maps detailing progress to <114> Report how much universa <115> How (USF) was used to implemental to the control of the prior calendar year. |

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| 3, 3060-0815 | | | | | - | | ê | | Preventative | Procedures | | | | | | | | | | | | | | |
| FCC Form 481 OMB Control No. 3060-0885/OMB Control No. 3060-0819 July 2013 | | | | | | | 6 | | Service Outage | Resolution | | | | | | | | | | | | | | |
| FCC Form 481 OMB Control No. 3060 July 2013 | | | | | | | \$ | Did This Outage | Affect Multiple Study Areas | (Yes / No) | | | | | | | | | | | | | | |
| P.C. O.U. | | | | | | | ê | | Service Outage Description (Check | all that apply) | | | | | | | | | | | | | | |
| | | | | | | | \$ | | 911 Facilities Affected | (Yes / No) | | | | T | 2 | | | | | | | | | |
| | | | | | | pas.com | <2>> | | Total Number of | Customers | | | | Con offoobod | ספב שונשמונב | worksheet | | | | | | | | |
| | 361430 | MELROSE TEL CO | 2014 | Tom Campbell | line <030> 651-621-8511 | Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com | <t1>></t1> | | Number of Customers Affected | | | | | | • | WC | | | | | | | | |
| | | | | | | in data line <0 | < b 4> | | Outage End Time | - | | | | - | | | | | | | | | | |
| | | | | regarding this | son identified | son identified | < b 3> | | Outage End Date | | | | | | | | | | | | | | | |
| | | | | should contact | Number of per | Address of per | < | | Outage Start Time | | | | | | | | | | | | | | | |
| porting (Volc | e | ne | | - Person USAC | one Number - | Address - Email | cb1 | | Outage Start Outage Start Date Time | | | | | | | | | | | | | · | | |
| (200) Service Dutage Reporting (Voice) Data Collection Form | Study Area Code | Study Area Name | Program Year | Contact Name - Person USAC should contact regarding this data | Contact Telephone Number - Number of person identified in data | Contact Email A | ¢e> | NORS | Reference Number | | | | | | - | | | | | | | | | |
| (200) Serv Data Colle | <010> | <015> | <020> | <030> | <032> | <039> | <220> | | | | | | | | | | ! | 1 | 1 | | | ل ــ | 1 | |

| 1 Control No. 3060-0819 | | | | | | | | | Q | Total Page 1 | coal has mise vales and Lees | | | | | | | | | | | | |
|--|-----------------|-----------------|--------------|---|---|--|---|--|--|-----------------------------------|------------------------------|--|--|--|--|------------------------|---|---|------|-------|---|--|--|
| FCC Form 481 OMB control No. 3060-0986/ONB Control No. 3060-0819 July 2013 | | | | | | | | | <455> | Mandatory Extended Area | 200 | | | | | | | | | | | | |
| FC Of U | | | | | | | | | ************************************** | Ctate Injuercal Cornice Fee | | | | | | | | | | | | | |
| | | , co | | 1 | | cpas.com | | | | State Subscriber Line Charge | | | | | | See attached worksheet | | | | | | | |
| | 361430 | MELROSE TEL CO | 2014 | Tom Campbell | <030> 651-621-8511 | Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com | 1/1/2013 | | <623> | Residential Local Service Rate | | | | · · · · · · · · · · · · · · · · · · · | | See att | - | | | | | | |
| | | | | ing this data | ntified in data line | entified in data line | 1/1 | | <83> <61> | Rate Type | | | | | | | | | | | | | |
| ata | | | | contact regard | er of person ide | ss of person ide | ctive Date | ervice Charge | ₹88 × | SAC (CETC) | | | | | | | | | | | | | |
| (700) Price Offerings including Voice Rate Data Data Collection Form | de | me | | Contact Name - Person USAC should contact regarding this data | Contact Telephone Number - Number of person identified in data line <030> | Address - Email Addre | Residential Local Service Charge Effective Date | Single State-wide Residential Local Service Charge | 485 | Exchange (HEC) | | | | سرد و در دسته دسته دسته دسته دسته دسته دسته دسته | | | | | | | | | |
| e Offerings in stoon Form | Study Area Code | Study Area Name | Program Year | Contact Name | Contact Teleph | Contact Email, | Residential Loc | Single State-wi | cals | State | | | | | | | | | | | · | | |
| 700) Pric Data Colle | <010> | <015> | <020> | <030> | <035> | <039> | <701> | | <703> | | | | | | | | | 1 | | • | | | |

| (730) Broad bland Price Offen float Callo Study Area Code Callo Study Area Name Callo Contact Regarding this data | 37 | | | | | | | | - | | | | - | |
|--|----------------------------------|-----------------|-----------------|--------------|---------------------------|---------------------------|----------------------------|--------|-----|--|--|-------------|---|--|
| Differings me able ab | OMB Control No. 3860-0815 | | | | | | | | 200 | Usage Allowance Action Taken When | | | | |
| Differings me able ab | 481, troi No. 3060-0986/ | | | | | | | | | Usage Allowance | | | | |
| de 361430 me 2014 - Person USAC should contact regarding this data | FCC Form OMB Con 101y 2013 | | | | | | | s Daw | 700 | Broadband Service - Unload Speed (Mbps) | | | | |
| de 361430 me 2014 - Person USAC should contact regarding this data Toom Campbell Non Number - Number of person identified in data line <030> 651-621-8511 Address - Email Address of person identified in data line <030> tcampbell@occpaseepsepsepsepsepsepseps. | | | | | | | | 194 | | | | | | |
| de - Person USAC should contact regarding this tone Number - Number of person identified in Address - Email Address of person identified is Exchange (IEC) | 7.50 | | | | | | com | \$ C S | | Total Rate and Fees | | | | |
| de - Person USAC should contact regarding this tone Number - Number of person identified in Address - Email Address of person identified is Exchange (IEC) | | 430 | ROSE TEL CO | 14 | m Campbell | 651-621-8511 | tcampbell@otcpas. | | | State Regulated Fees | | | | |
| (710) Broadband Price Offerings (010) Study Area Code (015) Study Area Name (020) Program Year (030) Contact Name - Person USAC should contact regarding the (035) Contact Telephone Number - Number of person identifie (039) Contact Email Address - Email Address of person identifie (711) State Exchange (ILEC) | | 361 | MEL | 201 | | d in data line <030> | d in data line <030> | | | Residential Rate | | | | |
| (720) Broadband Price Offerings Coldo Study Area Code Coldo Program Year Coldo Contact Name - Person USAC sh Coldo Contact Telephone Number - Nu Coldo Contact Email Address - Email Action State State | X.II. | | | | ould contact regarding th | mber of person Identified | Idress of person identifie | 475Px | | Exchange (ILEC) | | | | |
| (710) 8roadband Price Offer Collection Form Collo> Study Area Code Collo> Study Area Name Collo> Study Area Name Collo> Collection Form Collo> Contact Name - Per Collo> Contact Email Addr Collo> Contact Email Addr Collo> Contact Email Addr Collo> | sgui | | | | son USAC sho | Number - Nu | ess - Email Ac | | | <u> </u> | | | | |
| (710) 8(c) Data Collo <010><010><010><010><015><020><030><035><039><039><0711><0039><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030><0030> | idband Price Offer etion Form | Study Area Code | Study Area Name | Program Year | Contact Name - Pers | Contact Telephone | Contact Email Addre | <1e>> | | State | | | | |
| | (710) Bros Data Colle | <010> | <015> | <070> | <030> | <035> | <039> | <711> | _ | | | | | |

-- See attached worksheet --

Page 5

| FEC Form 481 OMB Centrol No. 3060:0886/GMB Control No. 3060:0819 July 2013 | | | | | | | | <a35< th=""><th>Doing Business As Company or Brand Designation</th><th></th><th></th><th>ימונפנ</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></a35<> | Doing Business As Company or Brand Designation | | | ימונפנ | | | | | | | | | |
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| | • | | | | MOD. SK | | | <25. | SAC | | Gee Harbert worksheet | וומכוופת אסו | | | | | | | | | |
| erating Companies lection Form | <015> Study Area Name MELROSE TEL CO | <020> Program Year 2014 | <030> Contact Name - Person USAC should contact regarding this data Tom Campbell | <035> Contact Telephone Number - Number of person identified in data line <030> 651-621-8511 | <039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com | <810> Reporting Carrier MelroseTelephone Company | Operating Company | <813> | Affiliates | | | | | | | | | | | | |

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| dy Area Code | dy Area Name MBLROSE TEL. CO | 2014 2014 | <030> Contact Name - Person USAC should contact regarding this data Tom Campbell | <035> Contact Telephone Number of person identified in data line <030> 651-621-8511 | <039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com |
|-----------------------|------------------------------|--------------------|--|---|--|
| <010> Study Area Code | <015> Study Area Name | <020> Program Year | Contact Name - Pers | Contact Telephone N | Contact Email Addre |
| <010> | <015> | <020> | <030> | <032> | <039> |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions; <921>

Feasibility and sustainability planning;

Marketing services in a culturally sensitive manner; <923>

Compliance with Rights of way processes <924>

Compliance with Land Use permitting requirements <925>

Compliance with Facilities Siting rules <976>

Compliance with Cultural Preservation review processes <928>

Compliance with Environmental Review processes

<927>

Compliance with Tribal Business and Licensing requirements.

(Yes,No, Select NA NA

| FCC Form 481 OMB Control No. 3050-0986/OMB Control No. 3050-0819 July, 2013 | | | | | AAA AAA | | | | | | | |
|---|-----------------|-----------------|--------------|---|---|---|--|---|--|--|--|--|
| FCC OME July, | 361430 | MELROSE TEL CO | 2014 | Tom Campbell | (0) 651-621-8511 | 30> tcampbell@otcpas.com | | | | | | |
| 1100), No Terrestrial Backhaul Reporting Jata Collection Form | Study Area Code | Study Area Name | Program Year | Contact Name - Person USAC should contact regarding this data | Contact Telephone Number - Number of person identified in data line <030> | Contact Email Address - Email Address of person identified in data line <030> | Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) | Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) | | | | |
| 1100). Jata Co | <010> | <015> | <020> | <030> | <032> | <039> | <1120> | <1130> | | | | |

Page 8

| (1200) T Lifeline Data Col | (1200) Terms and Condition for Ufeline Güstomers Lifeline Data Gollection Form | ECC Form 481. OMB Central No: 3060:0986/OMB:Central No: 3060:0819. July 2013 |
|----------------------------------|--|--|
| <010> | Study Area Code | 361430 |
| <015> | Study Area Name | MELROSE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC should contact regarding this data | Tom Campbell |
| <032> | | <030> 651-621-8511 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | e<030> tcampbell@otcpas.com |
| | | |
| <1210> | <1210> Terms & Conditions of Voice Telephony Lifeline Plans | 361430mm1210 |
| | | Name of attached document (.pdf) |
| <1220> | Link to Public Website | нттр |
| | "Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: | |
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | |
| <1222> | Details on the number of minutes provided as part of the plan, | |
| <1223> | <1223> Additional charges for toll calls, and rates for each such plan. | |

| FCC Form 481, OMB Control No. 3060-0986/OMB Control No. 3060-0819 Ally 2013 | | | | | | CHECK the boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate. Incremental Connect America Phase I reporting 2 nd Year Certification (47 CFR § 54.313(b),[1]) 3 nd Year Certification (47 CFR § 54.313(b),[1]) 3 nd Year Certification (47 CFR § 54.313(b),[1]) 1 nd Yea | | | | | | | | | | |] | | | | Name of Attached Document Listing Required Information |
|--|----------------|-------|---|---|---|--|---|-----------------------------------|--|--|---|---|--|--|--------------------------------|--|-----------|---|--|---|--|
| 361430 | MELROSE TEL CO | 2014 | Tom Campbell | 651-621-8511 | tcampbell@otcpas.com | rica Phase I support, frozen Hig (e) the information reported on | | | | | | | | | | | recipient | es of | adband | | Name of Attached Dc |
| er Additional Documentation Im.Carriers offiliated with Price Cap Local Exchange Carriers Code | | | Contact Name - Person USAC should contact regarding this data | Contact Telephone Number - Number of person identified in data line <030> | Contact Email Address - Email Address of person identified in data line <030> | boxes below to note compliance as a recipient of incremental Connect Amesuport as set forth in 47 CFR § 54.313(b),(c),(d), (dr., dr., dr., dr., dr., dr., dr., dr., | Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) | 2013 Frozen Support Certification | 2014 Frozen Support Certification 2015 Frozen Support Certification | 2016 and future Frozen Support Certification | Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} Certification Support Used to Build Broadband | Connect America Phase II Reporting (47 CFR § 54.313(e)) | 3rd year Broadband Service Certification | 5th year Broadband Service Certification | Interim Progress Certification | Please check the box to confirm that the attached PDF, on line 2021, | | of CAF Phase II support shall provide the number, names, and addresses of | community anchor institutions to which began providing access to broadband | service in the preceding calendar year. | Interim Progress Community Anchor Institutions |
| (2000) Price Cap Cafri Data Collection Form Including Rate-of-Kert <010> Study Area (| <015> | <020> | <030> | <032> | <039> | CHECK the CHECK the CA010> | | <2012> | <2013> | <2015> | <2016> | _ | <2017> | <2018> | <2019> | <2070> | | | | | <2021> |

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|---|--------|--|---|---|
| Study Area Name Program Vear Contact Email Address - Err Contact Email Address - Err Contact Email Address - Err Contact Brown to note corn Progress Report on 5 Vear Milestone Certification (47) Please check this box to co contains the required infor recipient of CAF Phase II su addresses of community and access to broadband service Phease check these boxes to contains the required infor requires: Community Anchor institut I yes, does your company a Privately If yes, does your company a Privately If yes, does your company I get on the required Community Anchor institut Contains the required for in requires: I electronic copy of their and I electronic copy of their and If the response is yes on lin report and all required doc If the response is yes on lin report and all required to confirm that performed the comparable to PDF of Balance Sheet, incon in a format comparable to RUS i Borrowers Onoffirm your submission contains: Underlying information sub public accountant Underlying information sub public accountant Underlying information sub public of Balance Sheet, incon | 310 | | | |
| Contact Name - Person USS Contact Name - Person USS Contact Name - Person USS Contact Enall Address - En Contact Enall Address - En Contact Enall Address - En Progress Report on 5 Year Milestone Certification (47) Please check this box to so contains the required Infor recipient of CAF Phase II su addresses of community and contains the required infor requires: Community Anchor Institut Phase check these boxes to contains the required infor requires: Felectronic copy of their ant Telecommunications Borro PDF of Balance Sheet, Incon If the response is yes on lin report and all required doe If the response is yes on lin report and all required doe If the response is yes on lin report and all required doe If the response is on on line If the response is to on line If the response is no on line If the response is the response is no on line If the response is the response is no on line If the response is the response is no on line If the response is the response is no on line If the response is the response is no on line If the response is the response is no on line If the r | 0155 | Study Area Name | TEL CO | |
| Contact Email Address - En- Progress Report on 5 Year Milestone Certification (47 Please check this box to son contains the required infror recipient of CAF Phase il su addresses of community a access to community a access to community Anchor institut its your company a Privately if yes, does your company if the response is yes on line report and all required door if the response is yes on line fif the response is yes on line format companials in a format companial if the response is no on line to confirm your submission contains: Only of the financial state independent certified publif format companials independent deferming indemying information subpublic accountant. Underlying information subpublic accountant underlying information subpublic accountant. | 020> | Program Year 2014 | | |
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| Milestone Certification (47 CPR § 54.313(110)) Manne of Attached Document Listing Required Information contains the required information parametry by \$4.313 ((11))), as a recipient of CLAF base cheek this box to confirm that the attached Ppp, on line 3012, acceptant of CLAF base and proceeding calendary was company the base of the charactery and decrease to broadband service in the preceding calendary was company and proceeding calendary was company and proceeding calendary was company and broadery leds for Carrier (47 CPR § 54.313([1])) First, does your company (40 CPR § 54.313([1])) First company and included included proceeding calendary and statement of Cash (50 contains the sequence of included including incl | HECK 1 | | uant to 47 CFR § 54-202(a)) and, for privately held carriers, ensuring it the information reported on this form and in the documents attacl | compliance with the financial reporting requirements set forth in 47 red below is accurate. |
| Milestone Certification (47 CR § 54.313(f)[1](i)) Manne of Attached Document Listing Required Information conclains the required information present to § 54.313(f)[1](ii) as a recipient of CAF fixed in Section that the attached PDF, on line 3012, addresses cheek this box to confirm that the attached PDF, on line 3017, addresses of community whoch institutions to which began providing access to broadband service in the precading calculated PDF, on line 3017, and the section of the precading calculated PDF, on line 3017, and the section of the precading calculated PDF, on line 3017, and the section of the precading calculated PDF, on line 3014, attach you company it has required information pursuant to § 54.313(f)[1](ii) by your company at Pubmely Hold KDC carrier (Capt Figure 1) and section copy of their anual NUS report (Operating Report for Telecommunications PDF of Balance Sheet, income Statement and Statement of Cash Flows and in a formation public accountant that performed the company's limited and the sections of their audited financial statement which has been subject to review by an independent certified public accountant, or 2) a financial report in a formation subjected to a review by an independent certified public accountant, or 2) and the section of the section o | | Progress Report on 5 Year Plan | | |
| recipient of LGK Plass at support shall promation pursuant to § 54.313 ([1](iii), as a recipient of LGK Plass is support shall provide the number, nand addresses of community Anchor heattutions (47 GFR § 54.313([1](ii))) Someone company a Protective Hold ROI CFR § 54.313([1](ii)) If yes, dest your company a Protecting calendar year. Community Anchor heattutions (47 GFR § 54.313([1](ii))) If yes, dest your company a Protecting Report (50 Frail Roi Samual Ropor) Flease check these boses to confirm that the attached PDF, on the 3017, extended the ROI Samual report as the required frommation bursuant to § 54.313([1](ii)) For of salance sheet, the company is the that the structure of Cash Flows If the response is yea on line 3014, attach your company audited? If the response is yea on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313([1]), contains that performed the company's financial audit. If the response is yea on line 3018, please check the boxes below Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no no line 3018, please check the boxes below Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no no line 3018, please check the boxes below Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no no line 3018, please check the boxes below Management letter issued by the independent certified public accountant that performed the company's financial statement and Statement of Cash Flows Management letter issued by the company and the modern letter issued by the independent certified public accountant. Otyp of the financial statement which has been subject to review by an independent certified public accountant. Otyp of the financial statement and Statement of Cash Flows Attach the workshee | (010) | | Name of Attached Document Listing Required Information | |
| Community Anchor Institutions (47 CR 8 § 54.313(f)(1) (10) (10) (10) (10) (10) (10) (10) | 3011) | contains the required information pursuant to § 54.313 (f)(1)(II), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | | |
| The response is to so in line 3018, please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance Sheet, income Statement and Statement of Cash Flows If the response is one in line 3014, is your company audited? If the response is one in line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below Management letter is under dinancial statement which has been subject to review by an independent certified public accountant, or 2) a financial report in a format companable to RUS Operating Report for Telecommunications Management letter submission, on line 3018, please check the boxes below Completelying information subjected to a review by an independent certified public accountant. If the response is no on line 3018, please check the boxes below Completelying information subjected to a review by an independent certified public accountant. Underlying information subjected to a notificer certification. PDF of Balance Sheet, income Statement and Statement of Cash Flows Attach the worksheet letting required information | 1012) | Community Anchor Institutions (47 CFR § 54.3.13(f)(1)(ii)) is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) | Name of Attached Document Listing Required Information | (Yes/No) |
| Electronic copy of their annual RUS report (Operating Report for Telecommunications Borrowers) PDF of Balance Sheet, Income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is yes on line 3014, by your company's RUS annual report and all required documentation If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3018 please check the boxes below to confirm your submission, on line 3018 please check the boxes below to confirm your submission, on line 3018, please check the boxes below If the response is no on line 3018 please check the boxes below If the response is on on line 3018 please check the boxes below If the response is no on line 3018 please check the boxes below If the response is no on line 3018 please check the boxes below If the response is very of their audited financial statement of 2 \$4.315[(12), contains: If the response is very of their audited financial statement or 1 \$6.3.316[(12), contains: If the response is very of their audited financial statement which has been subject to review by an independent certified public accountant in a formation subjected to a review by an independent certified public accountant in a formation subjected to a review by an independent certified public accountant. Underlying information subjected to a review by an independent certified public accountant. Underlying information subjected to a review by an independent certified public accountant. Underlying information subjected to a review by an independent certified public accountant. Underlying information subjected to a review by an independent certified public accountant. On the subject of the worksheet listing required information. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information. | 014) | If yes, does your company file the NU3 annual report Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance | | [Ves/No) |
| PDF of Balance Sheek, income Statement and Statement of Cash Flows If the response is yes on line 3014, attach your company's RUS anual report and all required documentation If the response is you not line 3014, is your company audited? If the response is you nile 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to in a format companiable to RUS operating Robort for Telecommunications of possible confirm your submission, on line 3026 pursuant to § 54.313([12]). Copy of their financial statement which has been subject to review by an independent certified public accountant. If the response is no on line 3026 pursuant to § 54.313([12]). Copy of their financial statement which has been subject to review by an independent certified public accountant. Underlying information subjected to a review by an independent certified public accountant. Underlying information subjected to an officer certification. PDF of Balance Sheet, income Statement and Statement of Cash Flows Attach the worksheet listing required information | 015} | requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunicalions Borrowers) | | |
| If the response is yes on line 3014, attach your company's RUS annual required document tisting Required Information for the response is no on line 3014, is your company audited? If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to confirm your submission, on line 3018, please the contains in the performed the company's financial sudit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3018, please check the boxes below to contains: Copy of their financial statement which has been subject to review by an independent certified public accountant. Underlying information subjected to a review by an independent certified public accountant. Underlying information subjected to an officer certification. PDF of Balance Sheet, income Statement and Statement of Cash Flows Attach the worksheet listing required information | (910) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | |
| If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains is the a copy of their audited financial statement, or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows Management letter issued by the independent cartified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3018 pursuant to § 54.313(f)(2), contains to confirm your submission, on line 3018 pursuant to § 54.313(f)(2), contains to confirm your submission, on line 3018 pursuant to § 54.313(f)(2), contains to confirm your submission, on line 3018 pursuant to § 54.313(f)(2), contains to confirm your submission, on line 3018 pursuant to § 54.313(f)(2), contains to confirm your submission, on line 3018 pursuant to § 54.313(f)(2), contains to confirm your submission subjected to a review by an independent certified public accountant. Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information | 017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation If the response is no on line 3014, is your company audited? | Name of Attached Document Listing Required Information | (Ves/No) |
| Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications PDF of Balance Sheet, Income Statement and Statement of Cash Flows Management letter issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), conclains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a independent certified public accountant. On of information subjected to a review by an independent certified public accountant. Underlying information subjected to an officer certification. PDF of Balance Sheet, income Statement and Statement of Cash Flows Attach the worksheet listing required information | | if the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to $\S54.313[f][2]$, contains | | |
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| Management letter issued by the Independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Contains operating Report for Decommendations below by an independent certified public accountant, or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications and formation subjected to a review by an independent certified public accountant. Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information | 020) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | DI |
| If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an Independent certified public accountant; or 2) a financial report in a Independent certified public accountant; or 2) a financial report in a Independent certified public accountant seport for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification. PDF of Balance Sheet, income Statement and Statement of Cash Flows Attach the worksheet listing required information Name of Attached Document Listing Required Information | 021) | Management letter issued by the independent certified public accountant that performed the company's financial audit. | | 5 |
| Copy of their financial statement which has been subject to review by an Independent certified public accountant; or 2) a financial report in a Independent certified public accountant; or 2) a financial report in a Independent certified Commander to RUS Operating Report for Telecommunications Borrowers. Underlying information subjected to a review by an independent certified public accountant. Underlying information subjected to an officer certification. PDF of Balance Sheet, income Statement and Statement of Cash Flows Attach the worksheet listing required information Name of Attached Document Listing Required Information | | | | |
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| public accountant Underlying information subjected to an officer certification. PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information Attach the worksheet listing required information | ŝ | Borrowers, Underlying information subjected to a review by an independent certifled | | |
| PDF of Balance Sheet, Income Statement and Statement of Cash Flows Attach the worksheet listing required information Name of Attached Document Listing Required Information | 023) | public accountant Underlying information subjected to an officer certification. | |] [|
| Attach the worksheet listing required information Name of Attached Document Listing Required Information | 025) | PDF of Balance Sheet, Income Statement and Statement of Cash Flows | | |
| | 026) | | Name of Attached Document Listing Required Information | 361430mn3026 |

10/09/2013

Page 11

| 100000000000000000000000000000000000000 | tion - Reporting Carr ection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--------------------------------------|---|
| <010> | Study Area Code | 361430 |
| <015> | Study Area Name | MELROSE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Pers | on USAC should contact regarding this data Tom Campbell |
| <035> | Contact Telephone N | lumber - Number of person identified in data line <030> 651-621-8511 |
| <039> | Contact Email Addre | ss - Email Address of person identified in data line <030> tcampbell@otcpas.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| certify that I am an officer of the reporting carrier; my respondence in the community in the best of my knowledge, the information | nsibilities include ensuring the accuracy of the annual reporting requirements for universal sei reported on this form and in any attachments is accurate. | vice support |
|---|---|--------------|
| Name of Reporting Carrier: | | |
| Signature of Authorized Officer: | Date | |
| Printed name of Authorized Officer: | | |
| Title or position of Authorized Officer: | | |
| Telephone number of Authorized Officer: | | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: | |

| | ion - Agent / Carrier ection Form | FGC Form 481 - OMB Control No. 3060-0986/OMB Control No. 3060-0229 July 2013 |
|-------|--------------------------------------|--|
| <010> | Study Area Code | 361430 |
| <015> | Study Area Name | MELROSE TEL CO |
| <020> | Program Year | 2014 |
| <030> | Contact Name - Person USAC | should contact regarding this data Tom Campbell |
| <035> | Contact Telephone Number - I | Number of person identified in data line <030> 651-621-8511 |
| <039> | Contact Email Address - Email | Address of person identified in data line <030> tcampbell@otcpas.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| certify that (Name of Agenti <u>Trom_Campbell</u> also certify that I am an officer of the reporting carrier; my responsibilities includent; and, to the best of my knowledge, the reports and data provided to the | is authorized to submit the information reported on behalf of the reporting carrier. ude ensuring the accuracy of the annual data reporting requirements provided to the authorized authorized agent is accurate. |
|--|---|
| Name of Authorized Agent: Tom Campbell | |
| Name of Reporting Carrier: MELROSE TEL CO | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date: 10/09/2013 |
| Printed name of Authorized Officer: Staci Malikowski | |
| Title or position of Authorized Officer: Chief Financial Officer | |
| elephone number of Authorized Officer: 218-346-8498 | |
| itudy Area Code of Reporting Carrier: 361430 Fi | ing Due Date for this form: 10/15/2013 |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | | | | | | | |
|---|---|--|--|--|--|--|--|
| l, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients o | on behalf of the reporting carrier; I have provided | | | | | | |
| the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reporter. Name of Reporting Carrier: MELROSE TEL. CO | d herein is accurate. | | | | | | |
| Name of Reporting Carrier: MELROSE TEL CO Name of Authorized Agent or Employee of Agent: Tom Campbell | , | | | | | | |
| Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE | Date: 10/09/2013 | | | | | | |
| Printed name of Authorized Agent or Employee of Agent: Tom Campbell Title or position of Authorized Agent or Employee of Agent Consultant | | | | | | | |
| Felephone number of Authorized Agent or Employee of Agent: 651-621-8511 | | | | | | | |
| Study Area Code of Reporting Carrier: 361430 Filing Due Date for this form: 10/15/2013 | | | | | | | |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S. 18 of the United States Code, 18 U.S.C. § 1001. | .C. §§ 502, 503(b), or fine or imprisonment under Title | | | | | | |

Attachments

OMB Centrol Ne. 3060 0986/QMB Centrol No. 3060-0819 Doing Business As Company or Brand Designation <a>43.2 FCC Form 481 July 2013 Arvig 361385 361448 361374 361365 361443 361431 361453 361472 361372 361430 361391 361383 361408 361491 369007 <039> Contact Email Address - Email Address of person identified in data line <030> tcampbell@otcpas.com <035> Contact Telephone Number - Number of person identified in data line <030> 651-621-8511 MELROSE TEL CO Tom Campbell LLC 361430 The Peoples Telephone Company of Bigfork 2014 Mainstreet Communications Corporation, Arrowhead Communications Corporation Twin Valley-Ulen Telephone Company East Otter Tail Telephone Company Redwood County Telephone Company <030> Contact Name - Person USAC should contact regarding this data Eagle Valley Telephone Company Tekstar Communications, Inc. The Home Telephone Company MelroseTelephone Company Callaway Telephone Company Clements Telephone Company Arvig Enterprises, Inc clas Midwest Telephone Company Melrose Telephone Company Affiliates Osakis Telephone Company Felton Telephone Company Loretel Systems, Inc. <813> 800) Operating Companies <812> Operating Company <015> Study Area Name <810> Reporting Carrier <811> Holding Company Data Collection Form <010> Study Area Code <020> Program Year

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SAC: 361430 State: MN Melrose Tel Co

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

As required by MN. Rule "7812.0700 Minnesota General Service Quality Requirements. Subpart 1" the local services provided by Melrose Tel Co are provided under internal company operating procedures and publically available tariffs which are in compliance with applicable Minnesota Public Utility Commission orders and rules including:

7810.0100 DEFINITIONS. 7810.0200 SCOPE. 7810.0300 STATUTORY AUTHORITY.

RECORDS AND REPORTS

7810.0400 RETENTION OF RECORDS.
7810.0500 DATA TO BE FILED WITH THE COMMISSION.
7810.0600 REPORT TO COMMISSION ON SERVICE DISRUPTION.
7810.0900 LOCATION OF RECORDS.

CUSTOMER RELATIONS

7810.1000 INFORMATION AVAILABLE TO CUSTOMER AND PUBLIC. 7810.1100 COMPLAINT PROCEDURES. 7810.1200 RECORD OF COMPLAINT.

CUSTOMER BILLING; DEPOSIT AND GUARANTEE REQUIREMENTS

7810.1400 CUSTOMER BILLING.

7810.1500 DEPOSIT AND GUARANTEE REQUIREMENTS.

7810.1600 DEPOSIT.

7810.1700 GUARANTEE OF PAYMENT.

DISCONNECTION OF SERVICE; SERVICE DELAY

7810.1800 PERMISSIBLE SERVICE DISCONNECTIONS WITH NOTICE.

7810.1900 PERMISSIBLE SERVICE DISCONNECTIONS WITHOUT NOTICE.

7810.2000 NONPERMISSIBLE REASONS TO DISCONNECT SERVICE.

7810.2100 MANNER OF DISCONNECTION.

7810.2200 RECONNECTION OF SERVICE.

7810.2300 NOTICE REQUIREMENTS.

7810,2400 BILL DISPUTES.

7810.2500 ESCROW PAYMENTS.

7810.2600 WAIVING RIGHT TO DISCONNECT: EMERGENCY STATUS.

7810.2800 DELAY IN INITIAL SERVICE OR UPGRADE.

DIRECTORIES

7810.2900 CONTENT OF DIRECTORIES. 7810.3000 DIRECTORY ASSISTANCE. 7810.3100 CHANGES OR ERROR OF LISTED NUMBER.

ENGINEERING

7810.3200 CONSTRUCTION OF TELEPHONE PLANT. 7810.3300 MAINTENANCE OF PLANT AND EQUIPMENT. 7810.3900 EMERGENCY OPERATIONS.

Page 2 of 2

SAC: 361430 State: MN Melrose Tel Co

Form 481 Line No. 510 Compliance with Service Quality Standards and Consumer Protection

INSPECTIONS, TESTS, SERVICE REQUIREMENTS

7810.4100 ACCESS TO TEST FACILITIES.

7810.4300 ACCURACY REQUIREMENTS.

7810.4900 ADEQUACY OF SERVICE.

7810.5000 UTILITY OBLIGATIONS.

7810.5100 TELEPHONE OPERATORS.

7810.5200 ANSWERING TIME.

7810.5300 DIAL SERVICE REQUIREMENTS.

7810.5400 INTEROFFICE TRUNKS.

7810.5500 TRANSMISSION REQUIREMENTS.

7810.5800 INTERRUPTIONS OF SERVICE.

7810.5900 CUSTOMER TROUBLE REPORTS.

7810.6000 PROTECTIVE MEASURES.

7810.6100 SAFETY PROGRAM.

Melrose Tel Co is in compliance with Federal CPNI rules, Red Flag Rules and other Federal and State requirements governing the protection of Customer's privacy.

Page 1 of 1

SAC: 361430 State: MN Melrose Tel Co

Form 481 Line No. 610 Description of Functionality in Emergency Situations

Melrose Tel Co pursuant to MN Rule "7810.390 Emergency Operations" has:

- Established reasonable provisions' to meet emergencies resulting from failures of lighting or power service, sudden and prolonged increases in traffic, illness of operators or from fire, storm, or acts of God including provisions for emergency power that meet or exceed the rule requirement to provide:
 - o A minimum of four hours of battery service in each central office.
 - o A permanently installed power unit in exchanges exceeding 5000 lines.
 - Mobile power units that can be delivered on short notice and which can be readily.
 connected in offices without installed emergency power facilities.
- Has informed employees as to the procedures to be followed, including reasonable rerouting of traffic around damaged facilities and the deployment of emergency power, in the event of emergency in order to prevent or mitigate interruption or impairment of telecommunications service.

Page 1 of 3

SAC: 361430 State: MN Melrose Tel Co

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

Melrose Tel Co does adhere to all Federal Lifeline eligibility rules and regulations as well as Minnesota

Melrose Tel Co does adhere to all Federal Lifeline eligibility rules and regulations as well as Minnesota Administrative Rule "7817.0400 - Eligibility for Telephone Assistance Credits" which states:

Minnesota Administrative Rule 237 Chapter 7817.0400

Subpart 1. Information provided. Each local service provider shall annually mail a notice of the availability of the telephone assistance plan to each residential subscriber in a regular billing. If a subscriber has chosen to receive the regular billing other than through U.S. mail, the local service provider shall send the notice in a regular billing using the delivery method chosen by the subscriber for delivery of the regular billing. The notice must state the following: YOU MAY BE ELIGIBLE FOR ASSISTANCE IN PAYING YOUR TELEPHONE BILL IF YOU RECEIVE BENEFITS FROM CERTAIN LOW-INCOME ASSISTANCE PROGRAMS OR MEET CERTAIN INCOME LIMITS. FOR MORE INFORMATION OR AN APPLICATION FORM PLEASE CONTACT

<u>(local service provider)</u>. On request, the local service provider shall mail to a person an application form developed by the commission and the Department of Commerce, and a brochure that describes the telephone assistance plan's eligibility requirements and application process.

Subpart 2. Application process. On completing and signing the application certifying under penalty of perjury that the information provided by the applicant is true and that the statutory criteria for eligibility are satisfied, the applicant must return it to the local service provider for enrollment in the telephone assistance plan. An application may be made by the subscriber, the subscriber's spouse, or a person authorized by the subscriber to act on the subscriber's behalf.

Subpart 4. Eligibility criteria. To be eligible for a telephone assistance credit the applicant must:

- A. be a subscriber who resides in Minnesota or has moved to Minnesota and intends to remain; and
- B. be eligible for the federal Lifeline telephone service discount.

Subpart 7. Applicant and recipient responsibilities. Each applicant and each recipient shall provide current information to the local service provider about permanent changes that affect the applicant's or recipient's eligibility.

Subpart 8. Local service provider responsibilities.

- A. A local service provider shall begin providing telephone assistance credits to an applicant in the earliest possible billing cycle but not later than the second billing cycle following submission of a completed application demonstrating eligibility. If certified, the local service provider shall notify the applicant by, for example, placing telephone assistance credits on the bill.
- B. If an applicant is denied eligibility, the local service provider shall notify the applicant in writing of the reasons for the denial, of the right to appeal, and of the right to reapply.

Page 2 of 3

SAC: 361430 State: MN Melrose Tel Co Form 481 Line No. 1210 Lifeline Plans Terms and Conditions Rates Melrose Tel Co's Local service rates that serve as its Lifeline Plans are filed in Compliance with the regulatory requirements of Minn. Rules Ch. 7810 and Minn. Rules pt. 7812.0600 as follows: A. The tariffs or price lists of local exchange carriers must offer the following services to all customers pursuant to Minn. Rules pt. 7812.0600 (basic service requirements): single party voice-grade service and touch-tone capability; ____ 911 or enhanced 911 access; _____1 + intraLATA and interLATA presubscription and code-specific equal access to interexchange carriers subscribing to its switched access service; ____ access to directory assistance, directory listings, and operator services; ____ toll and information service-blocking capability without recurring monthly charges ____ one white pages directory per year for each local calling area, which may include more than one local calling area, except where an offer is made and explicitly refused by the customer; _ a white pages and directory assistance listing, or, upon customer request, a private listing that allows the customer to have an unlisted or unpublished telephone number: ____ call-tracing capability according to chapter 7813; ____ (i) call Trace provisions in tariff mirror Commission's tariff templates. blocking capability according to the Commission's ORDER ESTABLISHING CONDITIONS FOR THE PROVISION OF CUSTOMER LOCAL AREA SIGNALING SERVICES, Docket No. P999/CI-92-992 (June 17, 1993) and its ORDER AFTER RECONSIDERATION, Docket No. P999/CI-92-992 (December 3, 1993). _ telecommunications relay service capability or access necessary to comply with state and federal regulations.

B. A Separate flat rate service offering is required pursuant to Minn. Rules pt. 7812.0600, subpt. 2. At a minimum, each local service provider (LSP) shall offer the services identified in Minn. Rules pt. 7812.0600, subpt. 1 as a separate tariff or price list offering on a flat rate basis. An LSP may also offer basic local service on a measured rate basis or in combination with other services. An LSP may impose separate charges for the services set forth in subpart 1 only to the extent permitted by applicable laws, rules, and commission orders.

Page 3 of 3

SAC: 361430 State: MN Melrose Tel Co

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

C. Service area obligations under Minn. Rules pt. 7812.0600, subpt. 3: An LSP shall provide its local services on a nondiscriminatory basis, consistent with its certificate under part 7812.0300 or 7812.0350, to all customers who request service and whose premises fall within the carrier's service area boundaries or, for an interim period, to all requesting customers whose premises fall within the operational areas of the local service provider's service area under part 7812.0300, subpart 4, or 7812.0350, subpart 4. The obligation to provide resale services does not extend beyond the facilities-based services does not require an LSP that is not an eligible telecommunications carrier (ETC) to build out its facilities to customers not abutting its facilities or to serve a customer if the local service provider cannot reasonably obtain access to the point of demarcation on the customer's premises. service capability of the underlying carrier whose service is being resold. The obligation to provide

The flat rate services, offered pursuant to Minn. Rules pt. 7812.0600, subpt. 2., include unlimited local service minutes of use. The local services offerings do not include any toll minutes of use. The rates for any toll usage are determined by the rate plans of the Toll Provider(s) that are selected by lifeline end users.

The specific Company terms and conditions for the Companies Lifeline Plans are set forth in the tariff pages included in Exhibit 1, attached.

Exhibit 1

SAC: 361430 State: MN Melrose Tel Co

Form 481 Line No. 1210 Lifeline Plans Terms and Conditions

MELROSE TELEPHONE COMPANY – dba Arvig MELROSE, MINNESOTA

Section 4 Page 1 Revision 1

LOCAL EXCHANGE SERVICE

The rates for Local Exchange Service are subject to the conditions set forth herein and the General Regulations governing provision of service. The General Regulations are set forth in Section 2 of this tariff book.

Local Exchange Service

- A. The Local Exchange Service Rates in this section are for service only and do not include any terminal equipment beyond the point of demar cation.
- B. The rates applicable to Local Exchange Service are composed of a Line Access Rate component plus (where applicable) an Extended Area Service component.

C. Line Access Rate

1) Component is for single line service, business or residential, with touch-tone capability.

D. Extended Area Service

- Establishment and discontinuance of EAS will be contingent upon Commission authorization.
- 2) Extended Area Service rate component.
 - a) EAS is a premium-type service offering made by the Company to certain exchanges, under specific conditions.
 - b) The Extended Area Service rate component, where applicable, is included in the Local Exchange Service Rate.

E. Taxes

- 1) Applicable taxes levied by state, county and local taxing authorities are in addition to the rates set forth in this tariff. (See also General Regulations, Section 2).
- F. Local Service Rate with Arvig Security Solutions Package

Residential subscribers who also sign an agreement, after March 1, 2012, to become Arvig Security Solutions customer with monthly monitoring are eligible to receive a reduced local service monthly rate of \$5.95 for six months per year for each year the subscriber remains eligible. Regular rates shall apply for the other six months of the year. This rate is available for all Company exchanges.

All installation and service order charges are applicable. Rules and regulations apply the same as regular Residence rated access lines. Residence classification only, as described in the Company tariff.

Subscribers who are no longer Arvig Security Solutions customers will be charged the normal monthly rates effective immediately upon disconnection of such service.

Effective: 3-1-12

MELROSE TELEPHONE COMPANY – dba Arvig MELROSE, MINNESOTA

Section 4 Page 2 Revision 4

LOCAL EXCHANGE SERVICE

Rates

Exchange - Grey Eagle and St. Martin.

| Class of Service | Monthly Rates |
|--|---|
| BUSINESS: One Party PBX Trunk Key System Line Basic Coin Telephone Service | \$ 14.00 I 14.00 I 14.00 I 14.00 I |
| RESIDENCE: One Party | \$ 14.00 I |
| SCHOOL CLASSROOM SERVICE: * One Party | \$ 14.00 I |

Seasonal service is available for customers requiring less than 12 months of service per year. The rate for seasonal service is determined in accordance with section 5, page 43, of the tariff book.

Vacation rate service is available for customers requiring less than 12 months of service per year. The rate for vacation service is determined in accordance with section 5 page, 49 of this tariff book.

* School classroom service is one party flat rate local exchange access line service offered to public schools that conduct classes within the range of kindergarten through 12th grade pursuant to Minnesota Statute Section 237.065. This additional service is available to ensure access to telephone service from each classroom and other areas within the school, as determined by the school board. Existing service provided to all areas of the school prior to the effective date of this tariff will be billed at the current rates. Upon approval by the school board, this service must be installed in all remaining classrooms within the school and other areas within the school, as determined by the school board, within the time period specified by the company. This service is not available in areas within the school where telephone service is used for business administrative purposes of the schools.

Effective: 4-1-09

MELROSE TELEPHONE COMPANY – dba Arvig MELROSE, MINNESOTA

Section 4 Page 3 Revision 3

LOCAL EXCHANGE SERVICE

Rates

Exchange - Kimball

| Class of Service | Monthly Rates | | | | | |
|------------------------------|---------------|-------|-----|--------|----|---------|
| | | | | EAS | | |
| | | 3asic | _Ac | ditive | | Total |
| BUSINESS: | | | | | | |
| One Party | \$ | 14.00 | \$ | 2.16 | \$ | 16.16 I |
| PBX Trunk | | 14.00 | | 3.25 | | 17.25 I |
| Key System Line | | 14.00 | | 3.25 | | 17.25 l |
| Basic Coin Telephone Service | | 14.00 | | 2.16 | | 16.16 I |
| RESIDENCE: | | | | | | |
| One Party | \$ | 14.00 | \$ | 2.16 | \$ | 16.16 I |
| SCHOOL CLASSROOM SERVICE: * | | | | | | |
| One Party | \$ | 14.00 | \$ | 2.16 | \$ | 16.16 I |

Seasonal service is available for customers requiring less than 12 months of service per year. The rate for seasonal service is determined in accordance with section 5, page 43, of the tariff book.

Vacation rate service is available for customers requiring less than 12 months of service per year. The rate for vacation service is determined in accordance with section 5 page, 49 of this tariff book.

School classroom service is one party flat rate local exchange access line service offered to public schools that conduct classes within the range of kindergarten through 12th grade pursuant to Minnesota Statute Section 237.065. This additional service is available to ensure access to telephone service from each classroom and other areas within the school, as determined by the school board. Existing service provided to all areas of the school prior to the effective date of this tariff will be billed at the current rates. Upon approval by the school board, this service must be installed in all remaining classrooms within the school and other areas within the school, as determined by the school board, within the time period specified by the company. This service is not available in areas within the school where telephone service is used for business administrative purposes of the schools.

Effective: 4-01-09

MELROSE TELEPHONE COMPANY – dba Arvig MELROSE, MINNESOTA

Section 4 Page 4 Revision 3

LOCAL EXCHANGE SERVICE

Rates

Exchange - Richmond

| Class of Service | Monthly Rates | | | | | |
|------------------------------|---------------|-------|-----------|-------|-------|---------|
| | _ | | | EAS | | |
| | Basic | | _Additive | | Total | |
| BUSINESS: | | | | | | |
| One Party | \$ | 14.00 | \$ | 7.57 | \$ | 21.57 I |
| PBX Trunk | | 14.00 | | 11.36 | | 25.36 I |
| Key System Line | | 14.00 | | 11.36 | | 25.36 I |
| Basic Coin Telephone Service | | 14.00 | | 7.57 | | 21.57 I |
| RESIDENCE: | | | | | | |
| One Party | \$ | 14.00 | \$ | 5.05 | \$ | 19.05 I |
| SCHOOL CLASSROOM SERVICE: * | | | | | | |
| One Party | \$ | 14.00 | \$ | 6.31 | \$ | 20.31 I |

Seasonal service is available for customers requiring less than 12 months of service per year. The rate for seasonal service is determined in accordance with section 5, page 43, of the tariff book.

Vacation rate service is available for customers requiring less than 12 months of service per year. The rate for vacation service is determined in accordance with section 5 page, 49 of this tariff book.

* School classroom service is one party flat rate local exchange access line service offered to public schools that conduct classes within the range of kindergarten through 12th grade pursuant to Minnesota Statute Section 237.065. This additional service is available to ensure access to telephone service from each classroom and other areas within the school, as determined by the school board. Existing service provided to all areas of the school prior to the effective date of this tariff will be billed at the current rates. Upon approval by the school board, this service must be installed in all remaining classrooms within the school and other areas within the school, as determined by the school board, within the time period specified by the company. This service is not available in areas within the school where telephone service is used for business administrative purposes of the schools.

MELROSE TELEPHONE COMPANY -- dba Arvig MELROSE, MINNESOTA

Section 4 Page 5 Revision 2

LOCAL EXCHANGE SERVICE

Rates

Exchange - Watkins

| Class of Service | Monthly Rates | | | | | | |
|--|---------------|----------------------------------|----|------------------------------|----|--|--|
| DUONEGO | | 3asic | | EAS Iditive | | Total | |
| BUSINESS: One Party PBX Trunk Key System Line Basic Coin Telephone Service | \$ | 14.00 14.00 14.00 14.00 | \$ | 5.27 7.91 7.91 5.27 | \$ | 19.27 21.91 21.91 19.27 | |
| RESIDENCE: One Party | \$ | 14.00 | \$ | 5.27 | \$ | 19.27 I | |
| SCHOOL CLASSROOM SERVICE: * One Party | \$ | 14.00 | \$ | 5.27 | \$ | 19.27 I | |

Seasonal service is available for customers requiring less than 12 months of service per year. The rate for seasonal service is determined in accordance with section 5, page 43, of the tariff book.

Vacation rate service is available for customers requiring less than 12 months of service per year. The rate for vacation service is determined in accordance with section 5 page, 49 of this tariff book.

* School classroom service is one party flat rate local exchange access line service offered to public schools that conduct classes within the range of kindergarten through 12th grade pursuant to Minnesota Statute Section 237.065. This additional service is available to ensure access to telephone service from each classroom and other areas within the school, as determined by the school board. Existing service provided to all areas of the school prior to the effective date of this tariff will be billed at the current rates. Upon approval by the school board, this service must be installed in all remaining classrooms within the school and other areas within the school, as determined by the school board, within the time period specified by the company. This service is not available in areas within the school where telephone service is used for business administrative purposes of the schools.

Effective: 4-01-09

MELROSE TELEPHONE COMPANY – dba Arvig MELROSE, MINNESOTA

Section 4 Page 6 Revision 3

LOCAL EXCHANGE SERVICE

Rates

Exchange - Eden Valley

| Class of Service | | | Mont | nly Rates | | |
|------------------------------|-------|-------|----------|-----------|-------|---------|
| | | _ | | EAS | | |
| DUONEGO | Basic | | Additive | | Total | |
| BUSINESS: | | | | | | |
| One Party | \$ | 14.00 | \$ | 4.64 | \$ | 18.64 I |
| PBX Trunk | | 14.00 | | 6.96 | | 20.96 I |
| Key System Line | | 14.00 | | 6.96 | | 20.96 I |
| Basic Coin Telephone Service | | 14.00 | | 4.64 | | 18.64 I |
| RESIDENCE: | | | | | | |
| One Party | \$ | 14.00 | \$ | 4.64 | \$ | 18.64 I |
| SCHOOL CLASSROOM SERVICE: * | | | | | | |
| One Party | \$ | 14.00 | \$ | 4.64 | \$ | 18.64 I |

Seasonal service is available for customers requiring less than 12 months of service per year. The rate for seasonal service is determined in accordance with section 5, page 43, of the tariff book.

Vacation rate service is available for customers requiring less than 12 months of service per year. The rate for vacation service is determined in accordance with section 5 page, 49 of this tariff book.

School classroom service is one party flat rate local exchange access line service offered to public schools that conduct classes within the range of kindergarten through 12th grade pursuant to Minnesota Statute Section 237.065. This additional service is available to ensure access to telephone service from each classroom and other areas within the school, as determined by the school board. Existing service provided to all areas of the school prior to the effective date of this tariff will be billed at the current rates. Upon approval by the school board, this service must be installed in all remaining classrooms within the school and other areas within the school, as determined by the school board, within the time period specified by the company. This service is not available in areas within the school where telephone service is used for business administrative purposes of the schools.

Effective: 04-01-09

MELROSE TELEPHONE COMPANY – dba Arvig MELROSE, MINNESOTA

Section 4 Page 7 Revision 3

LOCAL EXCHANGE SERVICE

Rates

Exchange - Melrose & Greenwald

| Class of Service | | | Month | ly Rates | | |
|------------------------------|-------|-------|------------|----------|-------|---------|
| | | | | EAS | | |
| | Basic | | _Additive_ | | Total | |
| BUSINESS: | | | | | | |
| One Party | \$ | 14.00 | \$ | .60 | \$ | 14.60 I |
| PBX Trunk | | 14.00 | | .90 | | 14.90 I |
| Key System Line | | 14.00 | | .90 | | 14.90 I |
| Basic Coin Telephone Service | | 14.00 | | .60 | | 14.60 I |
| RESIDENCE: | | | | | | |
| One Party | \$ | 14.00 | \$ | .60 | \$ | 14.60 I |
| SCHOOL CLASSROOM SERVICE: * | | | | | | |
| One Party | \$ | 14.00 | \$ | .60 | \$ | 14.60 I |

Seasonal service is available for customers requiring less than 12 months of service per year. The rate for seasonal service is determined in accordance with section 5, page 43, of the tariff book.

Vacation rate service is available for customers requiring less than 12 months of service per year. The rate for vacation service is determined in accordance with section 5 page, 49 of this tariff book.

* School classroom service is one party flat rate local exchange access line service offered to public schools that conduct classes within the range of kindergarten through 12th grade pursuant to Minnesota Statute Section 237.065. This additional service is available to ensure access to telephone service from each classroom and other areas within the school, as determined by the school board. Existing service provided to all areas of the school prior to the effective date of this tariff will be billed at the current rates. Upon approval by the school board, this service must be installed in all remaining classrooms within the school and other areas within the school, as determined by the school board, within the time period specified by the company. This service is not available in areas within the school where telephone service is used for business administrative purposes of the schools.

MELROSE TELEPHONE COMPANY – dba Arvig MELROSE, MINNESOTA

Section 4 Page 8 Original

LOCAL EXCHANGE SERVICE

Extended Areas Service (EAS)

| Exchange | EAS To Exchange |
|-------------|-----------------|
| Eden Valley | St. Cloud |
| Eden Valley | Watkins |
| Eden Valley | Cold Spring |
| Eden Valley | Richmond |
| Grey Eagle | Melrose |
| Greenwald | Meirose |
| Greenwald | Elrosa |
| Kimball | Watkins |
| Kimball | St. Cloud |
| Melrose | Grey Eagle |
| Melrose | Greenwald |
| Melrose | Elrosa |
| Richmond | St. Martin |
| Richmond | St. Cloud |
| Richmond | Cold Spring |
| Richmond | Eden Valley |
| St. Martin | Richmond |
| Watkins | Cold Spring |
| Watkins | Eden Valley |
| Watkins | Kimball |
| Watkins | St. Cloud |

Effective: 12-3-03

SAC: 361430 State: MN Melrose Tel Co

Form 481 Line No. 3026

ATTACHMENT REDACTED IN ENTIRETY